

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>PERSON TO PERSON PAC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2014</b>	
Mailing Address <b>PO BOX 49336</b>		Amount <b>5555.55</b>	
City <b>COLORADO SPRINGS</b>	State <b>CO</b>	Zip Code <b>80494</b>	Transaction ID : <b>SE.5315</b>
Purpose of Expenditure National Field Operations Services and Staff		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate <b>KAY R HAGAN</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>26061.03</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>PERSON TO PERSON PAC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2014</b>	
Mailing Address <b>PO BOX 49336</b>		Amount <b>5555.55</b>	
City <b>COLORADO SPRINGS</b>	State <b>CO</b>	Zip Code <b>80494</b>	Transaction ID : <b>SE.5316</b>
Purpose of Expenditure National Field Operations Services and Staff		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 19 / 2014</b>
Name of Federal Candidate <b>THOM R TILLIS</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>20505.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>11111.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>11111.10</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 12 / 2014**

Signature